

**California Border Region ILI Surveillance and
Influenza Education
in Migrant Farmworker Populations**

Final Report

**California Department of Public Health
California Office of Binational Border Health**

August 2011



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This project was funded through the California Department of Public Health (CDPH), Emergency Preparedness Office (EPO), *California's Emergency Response to H1N1 Project*, from the U.S. Department of Health and Human Services (USHHS), Centers for Disease Control and Prevention (CDC), Public Health Emergency Response (PHER).

Executive Summary

The recent Influenza A H1N1 pandemic has made apparent the need for increased infectious disease surveillance. California border counties were among the first to report confirmed cases of the 2009 H1N1 pandemic.

To address the gaps in influenza surveillance among the migrant farmworker populations we developed an expansion to the existing influenza surveillance and included education efforts in San Diego and Imperial Counties. Specifically, this project:

- 1) Enhanced influenza-like-illness surveillance to include migrant farmworkers in San Diego and Imperial Counties;
- 2) Estimated the burden of influenza-like-illness among migrant farmworkers in CA Border Counties;
- 3) Conducted outreach to farmworker populations through print materials and face to face education.

In order to achieve objectives and goals, the California Department of Public Health-Office of Binational Border Health (COBBH) collaborated with local community clinics Vista Community Clinic (VCC) in San Diego County and Clinicas de Salud de Pueblo (CDSDP) in Imperial County.

Project staff developed the surveillance protocol using Centers for Disease Control and Prevention (CDC) influenza-like-illness definition. The participating clinics each formed teams of promotores and clinic staff to actively visit migrant farmworker homes, apartments, camps, and other farmworker congregation sites. Individuals that met the case definition for ILI were logged and asked a few other questions about their travel history, current vaccination status, health insurance, and English speaking ability. Surveillance activities were complemented with health outreach. Promotores were instructed to emphasize the following foci, 1) Personal Hygiene, 2) Voluntary Quarantine, and 3) Vaccination. Due to recent pertussis outbreaks, promotores were also educated regarding pertussis, and the new California law (CA Assembly Bill 354, 2010) requiring middle and high school students to be vaccinated.

In total, 19,815 (14,121 at VCC and 5,694 at CDSDP) individuals were screened for ILI symptoms during 10 weeks, between May and July 2011 (Epi weeks 20-30). At VCC, the ILI rate ranges between 0.2 - 2.3 percent. There is a steady increase in cases from week 21-26, a decrease in week 27, and a large increase in week 28, followed by a decrease in week 28-30. CDSDP follows a similar trend, though consistently reporting rates higher than VCC, with a range between 0.9 - 3.9 percent. The exception to the trend is during week 25, where CDSDP reports a sharp decrease in cases. At both sites the majority of individuals reported that they had not received an influenza vaccine this season (81% at VCC and 96% at CDSDP) and did not have health insurance (81% at VCC and 96% at CDSDP). In addition to the surveillance activities, 11,340 (3,850 at VCC, and 7,490 at CDSDP) face-to-face promotora encounters were recorded during the weeks of the project.

BACKGROUND / INTRODUCTION

The total estimated population for the two Californian border counties was 3,353,830 in 2009 (184,704 in Imperial County and 3,169,126 in San Diego County). This represents 8.7 percent of California's population. The border region has seen steady population growth from 2000 to 2009. During this period, Imperial County experienced a population increase of 28.5 percent, which is more than double the population rate increase seen in either San Diego County (11.7%) or California (13.4%). Hispanics in Imperial County make up the majority of the population (77.0%) and in San Diego County; Hispanics comprise the largest minority (29.0%) (COBBH, 2009).

In San Diego and Imperial Counties, agriculture production is a major contributor to the local and state economies. In Imperial County, agricultural production is the largest component of the local economy covering close to 600,000 acres of land with a total gross agricultural production of approximately \$1.6 billion per year. While in San Diego, agricultural production ranks as the 5th leading component of the economy. San Diego County has over 6,500 farms covering 315,000 acres, which produced close to \$1.5 billion in agricultural commodities in 2006. Approximately 85% of the agriculture workforce in California is made up of hired Hispanic workers (NIOSH, 2004).

Not only are San Diego and Imperial Counties unique from an agricultural perspective, but they are also geographically unique. Within San Diego and Imperial Counties, in addition to the busiest land port-of-entry in the world (Tijuana-Otay Mesa), there are 4 other land ports of entry, 2 international airports, and commercial and military seaports. In the two counties there were more than 80 million northbound crossings every year between 2001 and 2008 at the land ports of entry. This includes persons crossing by foot, personal vehicle, bus, and train (Bureau of Transportation Statistics, 2009).

The majority of farmworkers in California are relatively young (almost 50% are 30 years old or younger), male (73%), married (64%), and have children (54%). Nearly all (96%) of California's farmworkers speak Spanish as their primary language and few report speaking English (7%). Only five percent of farmworkers earned over \$25K annually in 2003-2004, and 81% report an annual family income below \$25K. Most farmworkers (88%) report having a median 6th grade level of education (Aguirre I., 2005). Though an exact count is difficult, it is estimated that San Diego's agricultural production is served by approximately 15,000 migrant workers and Imperial County by 23,000 (Larson, 2000). The unique geographic location, the international mobility and the abundance of agricultural work in Southern California has led to the creation of a large farmworker community which has continued to grow over the years.

When compared to the general population there are certain characteristics that make the farmworker population quite different from the rest of the population. Although some farmworkers live in permanent housing many live in temporary housing (e.g., man-made sheds, vehicles), labor camps or are sometimes homeless. It is common for farmworkers to live in extremely crowded conditions (Aguirre I., 2005). Adequate plumbing, kitchen facilities, water, and access to telephones are often not available. Almost a third of the dwellings are not recognized by local County Assessor or by the

United States Postal Service (Villarejo and Schenker, 2007). Additionally, farmworkers do not regularly visit hospitals or clinics, are wary of authority, are uninsured, choose to get treatment in Mexico, and choose to work through illness. Approximately 70% of migrant farmworkers do not have public or private health insurance.

In 1999, the California Agricultural Worker Health Survey found that 30% of male agricultural workers have never visited a clinic or doctor in their lives (LCHC, 2005). The high mobility of farmworkers may also in part contribute to the propagation and increased risk of disease transmission. It is customary for farmworkers to follow employment opportunities, which may result in an individual farmworker having several places of employment throughout a single season. In addition to transient employment, other factors that contribute to increased susceptibility to infectious disease are high stress levels, food insecurity, limited knowledge regarding disease transmission, and sometimes-adverse working conditions (e.g., pesticide exposure, long work hours, and heat exposure). Research has shown that these characteristics put individuals at greater risk for infections such as H1N1, tuberculosis, HIV and other sexually transmitted infections (STIs) (CDC, 1992), intestinal disorders, and other respiratory diseases (Schenker, 2005).

The recent Influenza A H1N1 pandemic has made apparent the need for increased infectious disease surveillance. California border counties were among the first to report confirmed cases of the 2009 H1N1 pandemic. In California, ILI rates rose steadily until November 2009 (week 44). In California, influenza A H1N1 (4/23/09-2/27/10) resulted in 2,008 severe cases, 1,923 ICU cases, and 546 deaths. In San Diego for the same time period, there were 228 severe cases, 217 ICU cases, and 55 deaths. As the 2011 Influenza season approaches influenza surveillance and education need to be enhanced in order to identify and mitigate potential new epidemics.

OBJECTIVES

The goal for this project is to address an influenza surveillance and education gap in San Diego and Imperial Counties by expanding influenza-like-illness surveillance and education efforts to include farm working populations.

METHODOLOGY

To address the gaps in influenza surveillance among the migrant farmworker populations we developed an expansion to the existing influenza surveillance and included education efforts in San Diego and Imperial Counties. Specifically, this project:

- 1) Enhanced influenza-like-illness surveillance to include migrant farmworkers in San Diego and Imperial Counties;
- 2) Estimated the burden of influenza-like-illness among migrant farmworkers in CA Border Counties;
- 3) Conducted outreach to farmworker populations through print materials and face to face education.

A. Partner Agencies

California Office of Binational Border Health

The mission of COBBH is to protect and improve the health of California communities by facilitating communication, coordination, and collaboration among California and Mexico health officials and professionals. COBBH operates as a liaison between governmental and non-governmental agencies who aim to improve the health of border populations and Hispanic populations throughout the state of California. COBBH is well established, well connected, and maintains a working relationship with county, state and local organizations. Recently, COBBH has managed many successful projects targeting hard to reach populations. COBBH was uniquely positioned to serve as primary investigators on this project, as they have vast amount of experience working with the farmworker populations

Vista Community Clinic

Located in the cities of Vista and Oceanside (Approximately 50 miles north of the California-Mexico Border) in northern San Diego County, Vista Community Clinic (VCC) is a private, nonprofit community health center founded in 1972. Its mission is, “to provide quality health care and health education to the community focusing on those facing economic, social and cultural barriers.” Vista community clinic is staffed by culturally diverse, mission-driven, committed, culturally diverse, and dedicated individuals. Vista Community Clinic saw over 200,000 patients in 2008, which were in general, uninsured, and have a family income below the federal poverty level. VCC was featured in Farmworker Health Services, Inc. “Innovative Outreach Practices Report 2008”. VCC is uniquely qualified to access the farmworker community in San Diego County because of their longstanding service and rapport with the community

Clinicas de Salud Del Pueblo

Clinicas de Salud del Pueblo (CDSDP) is a private, non-profit corporation providing array of comprehensive primary care services to residents throughout Imperial and Riverside County. Established in 1970, Clinicas de Salud del Pueblo has expanded from two original clinics to nine clinics, three dental centers, and three Women, Infant and Children Nutrition Education Center and eight WIC voucher distribution sites. All clinics have bilingual and bicultural staff to assist patients. Clinicas de Salud Del Pueblo is dedicated to providing excellent care, committed to contributing high level of customer service and promises to uphold services with uncompromising adherence to the highest standard of moral and ethical conduct. The purpose of Clinicas de Salud Del Pueblo is to provide direct access to comprehensive quality primary and preventive health care for high risk and other underserved valley residents, in a manner consistent with their dignity and identity and at a reasonable cost through strategically situated health centers.

B. Influenza-like-illness (ILI) Surveillance

This project enhanced the current influenza surveillance activities conducted by expanding surveillance activities to migrant farmworkers in migrant camps, private residences, places of work and pick-up sites in San Diego and Imperial Counties. Due to language, cultural barriers and cost, and other prohibitive factors, many farmworkers do not visit local clinics when they are sick. Consequently, many farmworkers seeking care for influenza-like-illness are not captured by current clinical site-based influenza surveillance activities. This project enhanced surveillance and education efforts by utilizing Promotores (Community Health workers) Model to reach specific migrant populations

The surveillance protocol developed for this project followed the Centers for Disease Control and Prevention's ILI case definition:

Influenza-like Illness (ILI) = fever (> 100 degrees F)* AND cough and/or sore throat.

Surveillance materials were developed, adapted, and translated by COBBH. All project materials were in Spanish. At the beginning of the project, clinic staff were trained regarding project protocol. All clinic staff were introduced to surveillance materials and given a binder that contained all surveillance materials.

Surveillance Binder Materials:

1. Influenza Surveillance Responsibilities (attachment A)
2. Consent Script (attachment B)
3. CDC Influenza-Like-Illness case definition (attachment C)
4. Influenza Surveillance form (attachment D)

The participating clinics (VCC and CDS DP) each selected one team of promotores and clinic staff to actively visit migrant farmworker homes, apartments, camps, and other farmworker congregation sites. Project staff approached individuals at the different locations, explained the purpose of the project, informed the participant that their participation was anonymous and voluntary, and asked the individuals about their current health. Individuals that met the case definition for ILI were logged and asked a few other questions about their travel history, current vaccination status, health insurance, and English speaking ability. A surveillance form, which includes all questions asked, is included in *attachment D*. In the case that the project staff visited a home, the respondent was asked about the health of their family, either present or not present. The number of persons meeting the case definition of ILI and the number of persons screened at each site was recorded. The latter was used to estimate the percent of people with ILI. No personal identifiers were recorded.

Clinic staff faxed completed surveillance forms weekly along with challenges and locations visited, and the information was logged at COBBH. COBBH staff met weekly, via conference call, in order to discuss further challenges and address any other issues.

A surveillance report was created for each week that included ILI percentages for each clinic.

C. Outreach

Surveillance activities were complemented with health outreach. Community Health Workers were trained regarding influenza using the CDC approved, Health Initiative of the Americas' "Influenza Manual for Community Leaders and Community Health Workers" and given a copy to use in the field. This training manual is available in English and Spanish at <http://hia.berkeley.edu/index.php?page=promotoras-manuals>. Promotores were instructed to emphasize the following foci, 1) Personal Hygiene, 2) Voluntary Quarantine, and 3) Vaccination. Due to recent pertussis outbreaks, promotores were also educated regarding pertussis, and the new California law (CA Assembly Bill 354, 2010) requiring middle and high school students to be vaccinated.

All clinic staff were introduced to surveillance materials and given a binder that contained all outreach materials.

Outreach Binder Materials:

1. Influenza education responsibilities (attachment E)
2. "Detenga el contagion de la gripe" Flyer (attachment F)
3. "Tdap" Information Flyer (attachment G)
4. Outreach Form (attachment H)

Clinic staff faxed completed outreach tracking forms weekly along with challenges and locations visited, and the information was logged at COBBH. COBBH staff met weekly, via conference call, in order to discuss further challenges and address any other issues. Outreach activities were included in the weekly surveillance report.

RESULTS

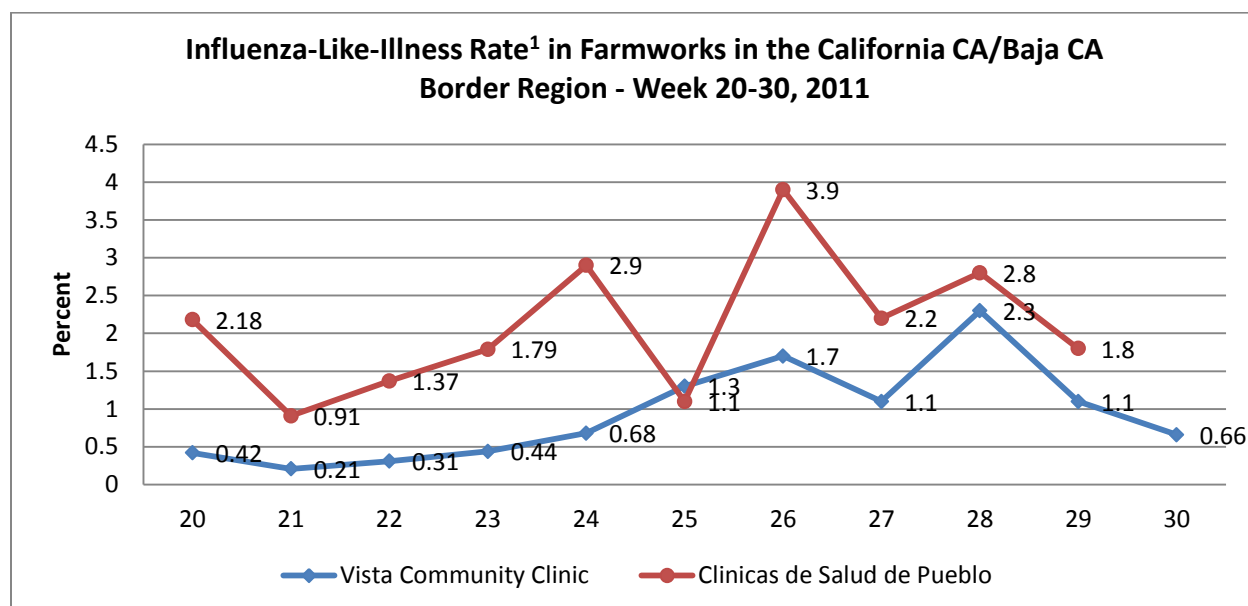
In total, 19,815 (14,121 at VCC and 5,694 at CDS DP) individuals were screen for ILI symptoms during 10 weeks, between May and July 2011 (Epi weeks 20-30). Of the total population screened, 252 (119 at VCC and 133 at CDS DP) individuals reported ILI symptoms. At both surveillance locations the majority of ILI cases were male (55% at VCC and 53% at CDS DP), and had an average age in their mid-30's (34 at VCC and 37 at CDS DP). At VCC, 8 percent of participants reported to have crossed the border into Mexico within the last 10 days, while at CDS DP, 77 percent reported to have crossed. This trend is mirrored when asked how often the participant usually crosses the border. At VCC 92 percent reported that they cross the border less frequent than monthly, while at CDS DP, 51 percent crossed weekly and many reported to have crossed daily. At both sites the majority of individuals reported that they had not received an influenza vaccine this season (81% at VCC and 96% at CDS DP) and did not have health insurance (81% at VCC and 96% at CDS DP). A minority of ILI cases reported speaking English either good, very good, or excellent (31% at VCC and 10% at CDS DP) These results are presented in **Figure 1**.

Figure 1

California Border Region ILI Surveillance and Influenza Education In Migrant Farmworker Populations, Individuals with ILI Select Variables, by Surveillance Site			
	Vista Community Clinic (n=119)	Clinicas de Salud del Pueblo (n=133)	Total (n=252)
Gender			
Male	66 (55%)	70 (53%)	136 (54%)
Female	53 (45%)	63 (47%)	116 (46%)
	0	0	0
Age (Years)			
Average (\pm St. Dev.)	34 \pm 16.4	37 \pm 12.3	36 \pm 14.5
Median	37	38	38
Have you crossed the border in the last 10 days?			
Yes	8 (8%)	103 (77%)	111 (47%)
No	96 (92%)	30 (23%)	126 (53%)
Missing	15	0	15
How often do you cross the border?			
Less than monthly	101 (92%)	20 (16%)	121 (51%)
Monthly	2 (2%)	42 (33%)	44 (19%)
Weekly	7 (6%)	64 (51%)	71 (30%)
Missing	9	7	16
Have you received flu vaccine this season?			
Yes	23 (19%)	5 (4%)	28 (11%)
No	96 (81%)	127 (96%)	223 (89%)
Missing	0	1	1
Do you have health insurance?			
Yes	25 (21%)	45 (34%)	70 (28%)
No	94 (79%)	88 (66%)	182 (72%)
Missing	0	0	0
How well do you speak English?			
None	36 (32%)	93 (70%)	129 (52%)
A little	43 (38%)	27 (20%)	70 (28%)
Good	24 (21%)	1 (1%)	25 (10%)
Very Good/ Excellent	11 (10%)	12 (9%)	23 (9%)
Missing	5	0	5

Figure 2 illustrates the rate of ILI in the farmworking community by Epi Week, for each of the surveillance sites. At VCC, the rate ranges between 0.2 - 2.3 percent. There is a steady increase in cases from week 21-26, a decrease in week 27, and a large increase in week 28, followed by a decrease in week 28-30. CDS DP follows a similar trend, though consistently reporting rates higher than VCC, with a range between 0.9 - 3.9 percent. The exception to the trend is during week 25, where CDS DP reports a sharp decrease in cases. Data was not collected for week 30 at CDS DP.

Figure 2.



Note: ILI surveillance information was not recorded Clinicas de Salud del Pueblo for week 30.

¹ ILI rates can not be compared with CDC ILI net rates, since the surveillance is conducted in the field as oppose to traditional surveillance, which is done in a hospital, clinic, or doctor's office.

In total 11,340 (3,850 at VCC, and 7,490 at CDSDP) face-to-face promotora encounters were recorded during the weeks of the project. In addition to the promotoras education, 19,905 (8,882 at VCC and 11,023 at CDSDP) print materials were distributed. There were approximately the same numbers of influenza flyers distributed as Tdap. Education outreach activities, by epi week are displayed in **Figure 3**.

Figure 3.

California Border Region ILI Surveillance and Influenza Education in Migrant Farmworker Populations Project: Education Outreach Activities, Epi Week 20-30, 2011												
	Total	Epi Week										
		20	21	22	23	24	25	26	27	28	29	30
Vista Community Clinic												
Flu Flyers	4,447	137	308	462	595	431	284	620	323	57	645	585
Tdap Flyers	4,435	137	308	450	595	431	284	620	323	57	645	585
Face to Face	3,850	137	308	362	428	371	264	538	267	57	525	593
Clínicas de Salud de Pueblo												
Flu Flyers	5,561	273	50	550	483	798	1,029	643	706	665	202	162
Tdap Flyers	5,462	209	50	533	483	798	1,010	645	705	665	202	162
Face to Face	7,490	442	50	682	637	1412	1,684	688	775	693	225	202

CONCLUSIONS

The main objectives of this Project were to 1) Enhance ILI surveillance to include migrant farmworkers, 2) Estimate the burden of ILI among migrant farmworkers in San Diego and Imperial Valley Counties and, 3) Conduct outreach to farmworker populations through print materials and face to face education interviews. The three main objectives were reached, with successful implementation of ILI surveillance in the farmworker population, estimations of the percent of ILI among migrant farmworkers, and education through print materials and face to face education.

Based on the surveillance, it is evident that there is ILI in the farmworker community in San Diego and Imperial Counties and methods for surveilling the burden are available. Though the rates in ILI were consistently higher in one site than the other, it is important to recognize that overall the peaks and valley of the ILI trends mostly corresponded between the different sites. The similar trends give validity to the assumption that the reported trends are an estimate of the burden of ILI in the farmworker population. Since the surveillance is conducted in the field as oppose to traditional surveillance, which is done in a hospital, clinic, or doctor's office, rates cannot be compared to CDC ILI net rates.

Certain characteristics reported by the farmworker ILI cases endorse enhanced surveillance and education efforts. The population is mostly not vaccinated against seasonal influenza, does not have health insurance, and in Imperial County crosses the international border frequently. The language speaking (in)ability in both geographic populations are one indication that specialized health outreach strategies are necessary to reach the population.

Mobile ILI surveillance in the farmworking community is a relatively new practice for Imperial and San Diego Counties, and thus presented some challenges. Both surveillance teams, at VCC and CSDP, reported that individuals were hesitant to engage with the teams during the beginning weeks of the project, but were eventually open to their presence, and ultimately enthusiastic. Additionally, when the teams visited places of employment, the supervisors were wary of the surveillance and education activities and only after they were convinced of the purpose of the activities were the teams allowed to proceed. The time of year was also inconvenient for influenza surveillance and field work in Imperial County, where temperature can reach 110°F regularly; winter months would be more appropriate.

A limitation to the project was the length of time dedicated to the project activities. Ten weeks did not give the surveillance and education teams enough time to completely build trust and rapport with the communities that were being served. Furthermore, the trust that was gained may be not sustained without regular interface. Additionally, without a sufficient timeframe to establish a baseline ILI rate, peaks and valleys in the curve cannot be compared to anything.

Project staff and surveillance and education teams consider this project to be a great success and would like for its activities to be continued. In addition to the projects activities, surveillance and education teams were able to use the opportunity in the field to introduce their respective clinic's services to the farm working population. Additionally it is believed that the projects model could be easily adapted for surveillance of other infectious diseases and outbreaks.

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Appendix:

Attachment A. Consent Script

Attachment B. Influenza Surveillance Responsibilities

Attachment C. CDC Influenza-Like-Illness case definition

Attachment D. Influenza Surveillance form

Attachment E. “Detenga el contagio de la gripe” Flyer

Attachment F. Influenza Outreach Form

Attachment G. “Tdap” Information Flyer

Attachment H. Influenza Education Responsibilities



California Office of Binational Border Health
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<http://www2.cdph.ca.gov/programs/cobbbh/Pages/default.aspx>

Farmworker Influenza like Illness Surveillance and Education Project

May 2011 - July 2011

Influenza Surveillance Responsibilities

As a participant in the farmworker ILI surveillance/education project each clinic will be responsible for the following activities:

- Inform participants of the purpose of the questions and that participation is voluntary
- Identify individuals that meet the CDC case definition for influenza-like illness
- Record individual's data on surveillance forms
- Determine the total number of individuals screened each week
- Report each week the data that was collected by fax or email.

Proyecto de Vigilancia de Enfermedad tipo Influenza en Trabajadores del Campo

Mayo 2011 - Julio 2011

Responsabilidades para la Vigilancia de Influenza

Como participante del proyecto de vigilancia/Educación de ETI en trabajadores del campo, cada clínica será responsable de las siguientes actividades:

- Informar a los participantes el motivo de las preguntas, así como también que su participación es voluntaria.
- Identificar individuos que cumplan con la Definición de Caso de la CDC de Enfermedad Tipo Influenza.
- Escribir datos de forma individual en las hojas de Vigilancia
- Determinar el número total de individuos que fueron encuestados por semana.
- Reportar los datos recolectados cada semana por Fax o email.



California Office of Binational Border Health
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<http://www2.cdph.ca.gov/programs/cobbh/Pages/default.aspx>

Farmworker Influenza like Illness Surveillance and Education Project

May 2011 - July 2011

Consent Script

#

#

"Hi my name is _____ and I work for _____. We are currently conducting influenza surveillance in the farmworking population. Because of the recent influenza epidemic there is a greater concern to detect influenza outbreaks early before the virus spreads throughout the community. In order to conduct the surveillance I need to ask you a few questions about how you are feeling today. The questions only take a few minutes and your answers could help out the surrounding community. Also, I will not ask you your name any all answers are anonymous."

#

#

Proyecto de Educación y Vigilancia de Enfermedad Tipo Influenza en Trabajadores del Campo

Mayo 2011 - Julio 2011

Hoja de Consentimiento

#

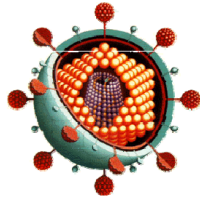
#

"Hola, mi nombre es _____ y trabajo para _____. Actualmente, estamos llevando a cabo vigilancia de influenza en la población de trabajadores del campo. Debido a la reciente epidemia de influenza existe un mayor interés en detectar brotes de influenza en forma temprana, antes de que el virus se disemine a través de la comunidad. Para poder realizar esta vigilancia, es necesario que yo le haga algunas preguntas acerca de cómo se siente el día de hoy. Estas preguntas solo tomaran unos minutos y sus respuestas pueden ayudar a toda la comunidad. Además, no es necesario que me diga su nombre, y todas las preguntas son anónimas."

#



INFLUENZA-LIKE ILLNESS **CASE DEFINITION**





Influenza-like Illness (ILI) =
fever ($\geq 100^{\circ}$ F)*
AND
cough and/or sore throat
(in the absence of a known cause
other than influenza)

**Temperature can be measured in the office or at home*

Please report all patients that meet the ILI case definition above unless diagnostic tests confirm a cause other than influenza. For example, a patient with fever, cough, and vomiting or a patient with fever and sore throat should be reported as having ILI unless a laboratory result confirms another diagnosis (e.g., a positive strep test).

Please report only those patients that meet the ILI case definition. For example, a patient with fever, chills, body aches, and nasal congestion but no cough or sore throat is not considered a case of ILI.

Although this clinical definition by itself is very general, when combined with information on circulating viruses, the information on ILI activity provides an excellent picture of influenza activity in the United States.

			COBBH Influenza Like Illness (ILI) Weekly Surveillance Form											
PLACE & DATE:										Total Number of People Interviewed =				
*ONLY DATA OF PEOPLE WHO HAVE FEVER WITH SORE THROAT and/or COUGH														
* Fever	* Sore Throat	* Cough	# Days Since onset	Gender	Age	¿ Have you crossed the border in the last 10 days? (Y/N)	How often do you cross the border? (Per week, month, year)	Flu Vaccination this Season? (Y/N)?	Can you miss work because you are sick?	Health Insurance (Y/N)?	¿ Do you have access to a health clinic, hospital, or doctor?	How well do you speak English (Not at all, a little, well, good, excellently)	Where do you live? (House, camp, apartment, other)?	

Contact Person: Maggie Chalita - 5353 Mission Center Road, Suite 215, San Diego, CA 92108 -
Cell: 619-571-3639 / FAX: 619-688-0281 - E-Mail: mchalita@cdph.ca.gov

NOTE: Please send in Weekly Surveillance Form (via fax or email) on the Monday of the week following data collection



California Office of Binational Border Health
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<http://www2.cdph.ca.gov/programs/ocbbh/Pages/default.aspx>

Farmworker Influenza like Illness Surveillance and Education Project

May 2011 - July 2011

Influenza Education Responsibilities

As a participant in the farmworker ILI surveillance/education project each clinic will be responsible for the following activities:

- Distribute 'Detenga el Contagio de la Gripe'.
- Educate farmworkers about the importance of:
 1. Washing their hands
 2. Covering their mouth
 3. Separating themselves from healthy individuals
 4. Vaccination (Where to receive vaccination)
- Record number of flyers handed out and face to face encounters on the daily tracking sheet. Fill out a separate sheet for each different location if multiple locations are visited each day.
- Report each week the data that was collected by fax or email to COBBH.

Proyecto de Vigilancia de Enfermedad tipo Influenza en Trabajadores del Campo

Mayo 2011 - Julio 2011

Responsabilidades para Educación de Influenza

Como participante del proyecto de vigilancia/Educación de ETI en trabajadores del campo, cada clínica será responsable de las siguientes actividades:

- Distribuir 'Detenga el Contagio de la Gripe'.
- Educar a los trabajadores del Campo acerca de la importancia de:
 1. Lavarse las manos
 2. Cubrirse la boca
 3. Mantenerse separado de personas sanas.
 4. Vacunación (Donde recibir la vacuna)
- Registrar el número de volantes que se repartán, y los encuentros cara a cara, en la hoja de Seguimiento Diario. Llenar una hoja diferente para cada lugar, si se visitan varios lugares el mismo día.
- Reportar la información cada semana por Fax o email a COBBH.

DETENGA EL CONTAGIO DE LA GRIPE

RECUERDE HACER **TRES COSAS** FÁCILES



1 LÁVESE las manos

Lávese las manos con frecuencia. Tállelas con agua y jabón por lo menos durante 20 segundos o use un desinfectante para las manos a base de alcohol.

2 CÚBRASE la boca

Cúbrase al toser. Use un pañuelo desechable para taparse la boca y la nariz al toser o estornudar. Si no tiene un pañuelo desechable, cúbrase con la parte interior del codo.



3 DETENGA los microbios

Detenga los microbios que causan contagio evitando el contacto con personas que están enfermas. Si se enferma, quédese en casa hasta que esté bien para no contagiar a otros.

Para más información en el Estado de California,
llame gratis al: 1-888-865-0564





NUEVA LEY – Estudiantes de 7° al 12° grado deben recibir la vacuna contra la tos ferina “Tdap”

El Departamento de Salud Pública de California recomienda que a partir del 1 de julio del 2011, todos los estudiantes en escuelas públicas y privadas que ingresen al 7° y 12° grado se vacunen contra la tos ferina “Tdap”. Esta vacuna es una combinación que protege contra tres cepas: tétanos, difteria y tos ferina.



Es Importante Vacunarse Contra la Tos Ferina

California ha experimentado su peor brote de tos ferina en más de 50 años, con un total de más de 7,800 casos confirmados y la muerte de 10 bebés de edad infantil. Es por esto que el gobernador de California firmó la ley requiriendo que los adolescentes se vacunen contra la tos ferina.

Todos los Estudiantes de Secundaria y Preparatoria Deberán Presentar un Comprobante Antes de Iniciar el Año Escolar 2011-2012

- El requisito empieza el 1 de julio del 2011
- Afecta a todos los estudiantes de escuelas públicas y privadas
- No habrá periodo de gracia, esta ley se hará cumplir estrictamente
- Los padres de familia deben acudir a su médico o centro de salud lo más antes posible.

Otras Vacunas Recomendadas Para los Pre-Adolescentes y Adolescentes:

- La vacuna contra la enfermedad de meningocócica.
- Una segunda dosis de refuerzo para la varicela.
- Tres series de vacunas contra el virus del papiloma humano.

Recursos para más información y donde recibir estas vacunas:

www.shotsforschool.org/infoparapadres.html
www.vacunasymisalud.org/programa-de-vacunas
www.cdph.ca.gov/programs/cobbh





California Office of Binational Border Health
5353 Mission Center Road Suite 215, San Diego, CA 92108
<http://www.2.cdph.ca.gov/programs/cobbh/Pages/default.aspx>

Farmworker Influenza like Illness Surveillance and Education Project

May 2011 - July 2011

Outreach Tracking

Date:	Location:
Influenza Flyers _____	
TDAP Flyers _____	
Face To Face _____	
Notes:	
Challenges:	

Please fax to:
Maggie Chalita at (619)688-0280

If you have any questions, please call or write to:
(619)571-3639
mchalita@chdp.ca.gov